

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	16	→	→	→			TOTAL DEP.			
TOTAL CLAIMS	16	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████